

Review of Community Health Partnerships

Self-assessment checklist for partners



Prepared for the Auditor General for Scotland and the Accounts Commission
June 2011

Auditor General for Scotland

The Auditor General for Scotland is the Parliament's watchdog for helping to ensure propriety and value for money in the spending of public funds.

He is responsible for investigating whether public spending bodies achieve the best possible value for money and adhere to the highest standards of financial management.

He is independent and not subject to the control of any member of the Scottish Government or the Parliament.

The Auditor General is responsible for securing the audit of the Scottish Government and most other public sector bodies except local authorities and fire and police boards.

The following bodies fall within the remit of the Auditor General:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Enterprise.

The Accounts Commission

The Accounts Commission is a statutory, independent body which, through the audit process, requests local authorities in Scotland to achieve the highest standards of financial stewardship and the economic, efficient and effective use of their resources. The Commission has four main responsibilities:

- securing the external audit, including the audit of Best Value and Community Planning
- following up issues of concern identified through the audit, to ensure satisfactory resolutions
- carrying out national performance studies to improve economy, efficiency and effectiveness in local government
- issuing an annual direction to local authorities which sets out the range of performance information they are required to publish.

The Commission secures the audit of 32 councils and 45 joint boards and committees (including police and fire and rescue services).

Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. It provides services to the Auditor General for Scotland and the Accounts Commission. Together they ensure that the Scottish Government and public sector bodies in Scotland are held to account for the proper, efficient and effective use of public funds.

Self-assessment checklist for partners

The checklist on the next few pages sets out some of the issues around partnership working raised in the main report. NHS boards and councils should use this checklist with CHPs and other health and social care partnerships to assess themselves against each statement as appropriate and consider which statement most accurately reflects their current situation. This will enable NHS boards, councils and other partners to identify what actions need to be taken forward.

Self-assessment for NHS boards, councils and other partners to improve joint working between health and social care

The last column in the checklist can be used to record sources of evidence, supplementary comments to support your assessment or to highlight areas of interest.

Issue	Assessment of current position				Comments
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	
Governance					
We have carried out a fundamental review of the various partnership arrangements for health and social care in our local area to ensure these are efficient and effective and add value.					
We have delivered a programme of education to ensure leaders and staff understand the differences between partners' governance arrangements, including decision-making processes.					
Health and social care planning is integrated within the Community Planning process and CHPs are linked to this framework.					
We have agreed a clear joint vision, priorities and strategy for health and social care services which focuses on outcomes for service users, based on an analysis of need.					
We have a clear strategy to involve GPs and other health and social care professionals in planning services for the local population, in decisions about how resources are used and work with them to address variation in GP referral and prescribing rates.					
We have developed sustainable strategies to address delayed discharges and emergency admissions within the local area and regularly monitor our performance.					

Issue	Assessment of current position					Comments
	No – action needed	No – but action in hand	Yes – in place but needs improving	Yes – in place and working well	Not applicable	
<p>We have clearly defined objectives for measuring CHP performance, agree what success looks like and implement a system to report performance to stakeholders. Measures used:</p> <ul style="list-style-type: none"> • reflect the priorities in the national guidance • enable partners to demonstrate that their actions produce the intended outcomes. 						
<p>We have up-to-date schemes of establishment for CHPs. As a minimum this:</p> <ul style="list-style-type: none"> • clearly covers the requirements set out in the statutory guidance for CHPs • is consistent with our corporate governance documents such as standing orders and schemes of delegation, as well as any partnership agreements. 						
<p>We have partnership agreements for all integrated or delegated services, including those delegated to the CHP. Agreements cover our respective roles and responsibilities, decision-making and accountability processes. This is underpinned by a comprehensive joint financial framework.</p>						
<p>We have a joint financial framework to ensure budgets are devolved or delegated and managed in a transparent and structured way. The joint financial framework is consistent with the CHP's scheme of establishment, partnership agreements and each partner's scheme of delegation.</p>						

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Accurate and up-to-date schemes of delegation are in place. These include details of specific services and budgets which are delegated to each other to manage, including via the CHP. Financial authorisation levels of individuals or groups are clear.						
We systematically collect, monitor and report data on costs, staff and activity levels to help inform decisions on how resources can be used effectively. This should include information on staffing numbers, sickness levels and vacancies.						
We ensure partnership financial reports are regularly considered by the CHP, NHS board and appropriate council committees. This should include any information on overspends.						
We acknowledge and have a joint system for identifying and managing risks associated with partnership working.						
We have clear policies and procedures which are consistently applied for appointing and managing joint staff. Policies cover arrangements for dealing with differences in employment terms and conditions for staff working in integrated teams. Managerial and professional lines of accountability are clear for all staff.						

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<p>We have identified and addressed local barriers to sharing information between health and social care staff. This includes:</p> <ul style="list-style-type: none"> ensuring that information-sharing protocols developed by Data Sharing Partnerships address any specific local issues adoption of eCare electronic system or ensuring compatibility issues are identified and addressed where eCare is unsuitable ensuring that Single Shared Assessment forms accurately capture information required to assess and manage risks of those requiring care. 						
Use of resources						
We have processes in place for identifying, allocating and monitoring resources used to administer joint working.						
We have reviewed the scope for and have a plan for achieving efficiencies through sharing assets including staff, buildings, equipment and IT.						
We are using the Integrated Resource Framework to help plan how resources are used in the local area.						
We always carry out an options appraisal, including an assessment of the costs and benefits before implementing service changes or initiating pilot projects. This includes an assessment of workforce, finance and other resource implications. Decisions on service delivery changes secure value for money.						

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